



EW 2872

Docket No. 2024738-7030240000
CYM-037 (11.020012)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Garrick Maenle, et al

Serial No.: 10/008,379

Filed: November 5, 2001

For: CYTOLOGICAL IMAGING
SYSTEMS AND METHODS

Group Art Unit: 2872

Confirmation No.: 4705

Examiner: Lee Fineman

TRANSMITTAL

M/S: Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

1. Documents enclosed:

Transmitted herewith in response to the Office Action mailed January 26, 2005, for the above-identified application, are the following:

- ☒ Response to Restriction Requirement (8 pages);
- ☒ Transmittal with certificate of mailing an extension of time (2 pages);
- ☒ Return Postcard.

03/25/2005 HALI11 00000003 502518 10008379

01 FC:1251 120.00 DA

CERTIFICATE OF MAILING TRANSMISSION

(37 C.F.R. §1.8)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposit with the Unites States Postal Services on the date shown below with sufficient postage as "First Class Mail" to addressee in an envelope addressed to the Commissioner for Patents, Alexandria, VA 22313-1450

March 21, 2005

Date of deposit

Maritza D. Kidd

Name of Person transmitting Paper

Signature of Person depositing Paper

2. Request for EXTENSION of Time:

The proceedings herein are for a patent application and the provisions of 37 CFR § 1.136 apply.

- ☒ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$225.00	\$450.00
<input type="checkbox"/> three months	\$510.00	\$1,020.00
<input type="checkbox"/> four months	\$795.00	\$1,590.00
<input type="checkbox"/> five months	\$1,080.00	\$2,160.00
Fee		\$120.00

- ☒ If any extension fee is required, please consider this a petition therefore.

3. Method of Payment of fee:

- ☐ Check in the amount of \$_____ is enclosed to cover the above fee(s).
- ☒ Charge Bingham McCutchen's Deposit Account No. **50-2518** in the amount of **\$120.00**.
- ☒ The Commissioner is authorized to charge Bingham McCutchen's Deposit Account No. **50-2518** for any fees required under 37 CFR §§ 1.16, 1.17 and 1.445 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account No. **50-2518**.

Respectfully submitted,
BINGHAM McCUTCHEN LLP

Dated: 3-21-05

By: DT Burse
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